



## Minnie Hamilton Health System

### December 2016 Community Health Needs Assessment Implementation Strategy

#### Community Health Needs Assessment

The 2016 Calhoun and Gilmer Counties CHNA is a comprehensive completion of data that explains the current state of health, wellbeing, and factors affecting health of those who live, learn, and work in Calhoun and Gilmer Counties, West Virginia. The 2016 CHNA process was modeled after the Mobilizing for Action through Planning and Partnerships (MAPP) framework.

The purpose of the organizing for success and partnership development phase is to ensure the community puts into place a process that builds commitment, engages participants as active members of the process, uses participants' time appropriately and well, and results in a plan is supported by the community and will actually be implemented.

The process for identifying strategic issues in Calhoun and Gilmer Counties began with the review of findings from the Community Health Status Assessment and Community Needs Survey. The Family Resource Network conducted community forums during fall 2016. During the community forums, data from the Community Health Assessment was shared with community partners. Meeting attendees were asked to participate in a voting exercise to identify the top 10 priority issues facing the region. The priority health issues selected by the community for focus in the 2017 Community Health Improvement Planning (CHIP) process include:

1. Drug/substance abuse
2. Unemployment rate
3. Poverty
4. Low food access-food desert
5. Tobacco use
6. Obesity/overweight
7. Family income
8. Lack of social or emotional support
9. Housing
10. Depression

After reviewing the results of the health care need assessment, priorities for action steps were determined.

Ongoing efforts from the CHNA steering committee which consists of the following organizational members: Calhoun County FRN, Gilmer County FRN, Calhoun County Extension, Gilmer County Extension, WV BCCA, Genesis, Gilmer County Schools, Calhoun County Schools, Gilmer County Health Department, Calhoun County Health Department, MHHS, Glenville State College, Calhoun County Parks, local Business leaders, Committee on Aging, Local government

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leader, State government leader, Physician, Behavioral Health, Faith Community, Economic Development, Vulnerable population representatives, and the Court system. These efforts, meetings and concurrent needs development and evaluation continues with these partners. The progress made upon these action steps will be evaluated during the annual strategic planning sessions for Minnie Hamilton Health System by the administrative team.

## The Minnie Hamilton Health Center Story

The closure of Calhoun General Hospital in January 1996, threatened the viability of the health care infrastructure in the region surrounding Calhoun and Gilmer Counties in West Virginia. The first many, including state policy makers, became aware of the financial distress of the hospital was when a story of the closure appeared in the Friday edition of the afternoon newspaper in Charleston, West Virginia. (Article displayed is from the Calhoun Chronical and not the article that appeared in the Charleston paper) In addition to the story, the newspaper article also featured a picture of the emergency room door chained closed. In a rural community, when a hospital closes without planning the entire system begins to experience challenges, much like a house of cards. Not only was the hospital closed, but now emergency services needed to come from the neighboring county thus costing more in mileage and other related costs. The primary care center, located across the parking lot from the hospital, was seeing its resources stretched due to the higher number and acuity level of patients being cared for. Worse yet, on Saturday, after the closure, a woman died in the local grocery store parking lot as emergency services was now coming from the neighboring county with a much longer response time.

## Calhoun and Gilmer Counties

West Virginia is named the "Mountain State" for good reason. The terrain is rugged, curvy and served by two lane roads making travel difficult, especially in severe weather. A trip of 12 miles may take 30 minutes due to the lack of interstates and direct routes. Although "Wild and Wonderful" West Virginia experiences all four seasons, which creates a not-to-miss travel destination for outdoor sportsmen and enthusiasts, it also creates a variety of weather conditions, such as flooding, snow and ice. These make travel difficult and cause isolation for many residents. Loss of utilities is common and leads to significant health concerns in vulnerable populations, such as the elderly, children and persons with disabilities.

Calhoun and Gilmer Counties are located in central West Virginia. These rural counties do not have many large employers. Today, Minnie Hamilton Health Systems (MHHS) is the largest employer in Calhoun County and Glenville State College leads employment in Gilmer County.<sup>1</sup> The average travel time to work is over thirty minutes. Patients must travel to a different county to receive many specialty services. Thus, MHHS is an important to the region in

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that it ensures that primary care services are available locally for residents regardless of ability to pay.

According to the 2016 U.S. Census projections, the populations of Calhoun (7,336) and Gilmer (8,249) Counties decreased resulting in a 4% and 6% drop in populations according when compared to the 2010 Census.<sup>2</sup> West Virginia's population overall dropped approximately 1% during the same time period from 1,854,230 in 2010 to 1,831,102 in 2016.

<sup>1</sup> West Virginia Executive <http://www.wvexecutive.com/west-virginias-largest-employers/>

<sup>2</sup> US Census Bureau American Fact Finder;

[https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml#](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#)

## **MHHS: A National Model for the Future**

In 2010, MHHS was one of the three examples of successful collaboration described in the HRSA publication "A Manual on Effective Collaboration between Critical Access Hospitals and Federally Qualified Health Center". The manual states that "given the traditional challenges faced by many rural communities relative to lower socio-economic status, higher disease burden, and lower health care reimbursement rates, these key safety net service providers have a responsibility to seriously consider cooperation and collaboration as mechanisms for maximizing the return on investment of the various types of Federal support associated with CAH and Health Center designations ...".

## **MHHS Today**

Today, Minnie Hamilton Health System is a comprehensive, vertically integrated health care delivery system comprised of a critical access hospital, community health center (FQHC), school-based health center sites, a nursing home unit, a swing bed unit, ambulance services through a lease agreement, oral health care, rural health clinic, and 340B pharmacy services. In addition, MHHS sponsors several community-based services that are needed in the community, such as education and outreach events, a child day care center located within MHHS site in Grantsville, and threat preparedness services. Since its beginning, the Minnie Hamilton Health Systems has evolved in response to the needs of the region.

The unemployment rates in 2014 were 9.5% in Calhoun County and 6.3% in Gilmer County. In January 2017, this had increased to 15.7% for Calhoun County, the highest in the state, and 9.4% for Gilmer County<sup>3</sup>. The unemployment rate does not include those who are disillusioned and no longer actively seeking employment. Recently, the decreasing prices of oil and gas have resulted in loss of employment opportunities. Companies that are dependent upon oil and gas extraction are reducing staff and shifting services out of the region. In

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addition, the West Virginia Center for Budget and Policy reports that wages for male workers have not kept up with inflation. All of which makes it harder for working families to make ends meet.

<sup>3</sup> [https://ycharts.com/indicators/calhoun\\_county\\_wv\\_unemployment\\_rate](https://ycharts.com/indicators/calhoun_county_wv_unemployment_rate);  
[https://ycharts.com/indicators/gilmer\\_county\\_wv\\_unemployment\\_rate](https://ycharts.com/indicators/gilmer_county_wv_unemployment_rate)

The largest health challenges for MHHS include access to specialists and recruitment and retention of primary care, dental and mental health providers. MHHS offers a broad range of services through its community health clinics, school-based health centers, oral health services, behavioral health, critical access hospital services and other services. All allowable services are available on a sliding fee basis which improves financial access to care, even for those with insurance but who cannot afford insurance deductibles.

Staff is trained on cultural competence and is expected to address patients in a manner that is easily understood. This is invaluable when providing care to individuals with disabilities, those with low literacy and with cultural differences. West Virginia is the only state in the nation that is fully within the Appalachian region. The Appalachian culture is one of strength and a "taking care of our own" attitude, but also results in patients often deferring routine and preventive treatment which increases the use of higher cost alternatives such as emergency rooms. There is a stigma related to seeking mental health services in Appalachian communities and oral health care is not seen as a priority resulting in dental caries, tooth loss and other chronic conditions.

### **Community Benefits – “Priceless” but Challenges Remain**

For the board and leadership of Minnie Hamilton Health Systems (MHHS), the journey has been about ensuring access to care. MHHS has turned an extremely remote location into a community with access to a complete continuum of health care services, with a focus on improving the region’s overall health through the delivery of primary care services. Through programs aimed at educating patients and preventing disease before it occurs, MHHS saves individuals and the community millions of dollars in treatment costs and lost earnings. MHHS contributes significantly to the region’s economy, in 2016 the estimated total annual economic impact was over \$18,000,000. Today, MHHS continues to save lives, in a remote rural community in West Virginia that would otherwise be over an hour drive on two-lane, mountainous roads from other health care providers.

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However, the MHHS success story is not without its ongoing challenges. Leadership continues to closely monitor cash flow challenges caused by the potential 330 funding cliff, federal sequestration, PPS, ICD-10, proposed changes to the 340B pharmacy program, changes to DSH payment formulas and uncertainties related to repeal, replace or repair of the ACA. In addition to challenges posed by federal policy, West Virginia is in the midst of an economic crisis putting intense pressure on the state's budget which may have financial implications for health care providers in West Virginia. MHHS's leadership, as well as other health leaders in West Virginia, continue to monitor changes in HPSA score calculations which could result in more difficult barriers for the recruitment of providers in rural communities throughout the state. In addition, MHHS finds it difficult to fill many allied health professional positions, such as nursing, lab and other positions. Finally, the original Calhoun General Hospital was built during the Hill Burton era, thus today the facilities that house MHHS need replacement, which is difficult to afford given other capital needs such as EHR investment and other investments needed to ensure the delivery of high quality care in the region.

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